

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/75 496

## CLAIMS

## AS FILED

AFTER  
1<sup>ST</sup> AMENDMENTAFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL IND.

2



TOTAL DEP.

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TOTAL CLAIMS

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## AS FILED

AFTER  
1<sup>ST</sup> AMENDMENTAFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

